



Division of Environmental Health  
Office of Environmental Health Assessments

## **Summary Results of Yakima Farmworker Focus Groups About Pesticides and Health Care**

### ***Introduction***

Since 1990, the Washington State Department of Health (DOH) has investigated and documented reported cases of pesticide-related illness and injury through a passive surveillance system. The system relies on health care providers to report suspected cases of pesticide-related illnesses and injuries. Most occupation-related cases are not identified until a doctor files a Worker's Compensation Claim with the Department of Labor and Industries (L&I).

The usefulness of surveillance information is directly related to the level of coverage. Missing a large number of pesticide-related illnesses increases the chance that the observed cases are not representative of all pesticide illnesses, and that specific types of pesticide illnesses may not be observed at all.

Pesticide surveillance can protect health only if it is complete. In an effort to improve the Pesticide Illness Monitoring System (PIMS), DOH is investigating the degree to which PIMS reflects the true picture of pesticide-related illness among Washington's farmworkers. Farmworker focus groups were one of several research activities. This report summarizes the methods used to conduct the focus groups and presents the key findings from these discussions.

A full report is being finalized and will be available through the DOH Office of Environmental Health Assessments, by phoning toll-free: 1-877-485-7316.

### ***Methods***

During the summer and fall of 2001, staff from DOH, supported by a grant from the National Institute of Occupational Safety and Health (NIOSH grant #3 U01 OH07296-02), conducted six focus groups comprised of farmworkers. The focus groups explored:

- the experiences and level of understanding that farmworkers have about pesticide-related illness and health care.

- what conditions influence their decision to seek or not seek medical care.
- what farmworkers believe that DOH must do to protect and improve the health of farmworkers.

Participants were solicited through three community-based organizations and were offered a \$35 voucher for groceries as an incentive for participation. At each of the three locations, two focus groups were conducted, one for female farmworkers and one for male farmworkers. Participants had to be employed or seeking employment as farm laborers in the Yakima Valley. No identifying information was collected about any individual participant.

The sessions were transcribed and translated, and the resulting transcript was compared to original tape recordings to verify the accuracy of the process. Each comment was coded by focus group to reveal any differences between males and females or between participants recruited from the three organizations. The specific comments were then reviewed and categorized into one or more topic and sub-topic areas.

The study was reviewed and approved by the Washington State Institutional Review Board (DOH Project Application A-061600-H).

## ***Results***

### **Knowledge of pesticide exposure and illness**

More than three-fourths of participants felt they had experienced symptoms resulting from exposure to pesticides while on the job. They described these as rash, dizziness, difficulty breathing, coughing, allergy, itchy and inflamed skin, head congestion, sinus problems, sneezing, asthmatic conditions and other respiratory problems, headache, eye and throat irritation, disorientation, and nausea.

Few of the farmworkers who participated in these focus groups reported receiving any type of training or information about pesticides while on-the-job, though most could correctly cite the symptoms of pesticide-related illness. Participants who had training and experience in applying pesticides could recite the signs and symptoms of acute pesticide-related illness, and were well aware of the proper precautions for pesticide use.

Participants did not appear to have specific knowledge about potential chronic effects of pesticide exposure, though there were concerns about cancer, birth defects, and poor birth outcomes. There was also awareness that symptoms may occur years after exposure:

“There was a gentleman who worked in the fields, who did things with his hands without gloves. Now his hands tremble; the consequences come later.”

Most participants understood the possible routes of exposure. They were particularly concerned about being exposed to residues while working in previously treated areas and from drift coming from nearby applications:

“If they were spraying right next to me and that guy has a mask and everything, why shouldn’t I? Air moves, you know.”

Several participants were concerned about the availability of gloves and masks. This included views that every farmworker who wanted it, not just those mixing or applying pesticides, should be provided personal protective equipment.

The most frequently mentioned trusted source of information for pesticide-related issues was a local Spanish language radio station, KDNA. Unions, Columbia Legal Services, and “some health people” were also referred to as trusted sources of information.

### **Health care seeking behaviors**

While many participants believed they had experienced pesticide-related symptoms, few sought care for them. Most participants said they would rather “wait-out” mild to moderate symptoms in the hope they’d just go away:

“Well, one time I was picking peaches, and suddenly I felt awful and started to vomit... Then I broke out in a cold sweat, for maybe 15 minutes, and then I was OK, and I went back to work.”

Many participants reported using simple remedies to reduce the effects:

“I think that many of us do self-prescribing, and we take some home remedies, and we do not go to see the doctor.”

While very few participants were inclined to seek medical care for mild to moderate symptoms of pesticide poisoning, there was unanimous agreement that if symptoms were life threatening, they would immediately go to the nearest emergency room.

### **Factors affecting workers’ use of medical care**

**Economic:** In all groups, the key barriers to seeking health care were economic. There were several aspects to this:

- They could not afford the loss of wages.

- They feared they would lose their current job through demotion, would not be re-hired the following season, or would be fired on the spot.
- They could not afford office visits nor prescriptions.

In Washington, any initial visit to a health care provider is fully covered for any complaint the worker believes is work-related. Subsequent visits may be covered if the illness is determined to be work-related. The attending physician must submit a claim to L&I for reimbursement. L&I then notifies the employer of the claim.

Most participants were not aware of this work-related health care benefit, and those who were, did not believe that the system actually would pay for their doctor visit(s). Upon learning of this workers compensation benefit, participants pointed out that they would be unlikely to use it if their employer found out.

**Residency Status:** There was consensus that an undocumented worker would be much less likely to seek medical care for fear of being deported:

“Many times it is just the fear of the owner... This is because they [the workers] don’t have papers. They get nervous, and they don’t want to go to the doctor.”

**Lack of Trust in the Health Care Provider:** Most participants characterized the overall care that they have received and would expect to receive from local health care providers as quite good. However the expectation changes when it concerns pesticides. They believed that doctors did not properly diagnose illnesses as pesticide-related because the doctors, in essence, work for the employers:

“One has to pay [out-of-pocket], otherwise the doctor will not say that the cause is due to pesticides. How do you give proof to the owner that you got sick because of the spray?”

“This is true because I heard a doctor’s own words, saying to a person, ‘I have to work with the State and I don’t want any problems with the State.’ That is what a doctor said in a farmworkers’ clinic. That shows you that if you go to a clinic, you’ll never find out what is wrong with you.”

“That is right, because the doctors and clinics are in agreement with the owners and L&I.”

The few respondents who sought medical care for mild to moderate symptoms expressed dissatisfaction with the care they received, feeling that the health care provider did not seriously consider pesticide exposure as the cause of their condition. Some were told symptoms were due to poor hygiene, stress, or seasonal allergies.

In contrast, most participants had faith in the ability of local hospitals to treat workers with serious, life-threatening problems.

**Supervisor attitude:** The attitude of the supervisor or employer was also put forth as a reason participants would or would not seek medical care. Some participants told stories of supervisors who insisted a worker go to a hospital or clinic while others recalled supervisors who discouraged workers from seeking health care.

**Other factors:** The participants mentioned several other factors that discouraged them from using local clinics when they felt ill due to pesticide exposure. These included:

- belief that they would feel better with time.
- paperwork.
- long waits in clinics.
- lack of transportation.

### **Access to Water and Field Sanitation**

In all six groups, participants raised the issues of access to clean latrines and sufficient amounts of drinking and washing water as being the most important health-related issues that health and safety agencies should address.

“What happens is that it takes up to four days to clean the bathrooms that are dirty, and when you go into one you can’t stand it. The bad odor makes you want to go away.”

“And the water in those places is not enough; there is only a little bit of water.”

“They said they don’t supply water to drink and there is no chance to wash hands... It affects you there during lunch. That is what happened to me. I don’t know if it happens in all of the other farms.”

While participants stated that many employers generally follow regulations, they stressed that there are also employers who consistently do not follow regulations. Further, participants felt that the State was doing nothing to identify these “bad actors” and enforce existing regulations.

“We know who they are and so do you. There are laws about this...”

“Everybody knows that for years they’ve [done this]. Nobody but undocumented new people will work for them.”

### ***Limitations***

- This study relied on established institutions to recruit participants, and as a result, may have missed the most disenfranchised members of the farmworker population of Washington.
- Project staff worked with contacts during the recruitment process to ensure that they understood that we were trying to get a representative sample of Yakima Valley farmworkers to participate. We wanted to avoid drawing a biased sample of workers who had had particular problems with pesticides or concerns about the health care system. Nonetheless, the recruitment flyer provided to potential participants mentioned that we would be discussing pesticides and health care during the session, which introduced the possibility for selection bias.

### ***Conclusions and Recommendations***

It was clear from listening to these farmworkers that many of them experience illnesses they believe are due to pesticide exposure, and that they are reluctant to seek out health care for mild to moderate illnesses because of the costs, fear of job loss, and lack of trust in their health care providers in diagnosing and treating pesticide related symptoms. To address these issues, we recommend the following.

- Raise awareness among growers, health care providers, involved agencies and other stakeholders about the barriers farmworkers face in accessing health care for pesticide-related illness.
- Gather information from health care providers about the difficulties associated with diagnosing and treating patients with potential pesticide-related illnesses.
- Work with health care providers to better understand and address factors that may limit their credibility with farmworkers.
- Encourage timely and aggressive investigation of all complaints of job reprisals resulting from a worker’s use of the health care system for a job-related illness or injury.
- Work with farmworker advocates to promote existing mechanisms for self-reporting of possible pesticide-related illnesses and incidents of perceived

job discrimination resulting from the use of health care for job-related illness or injury.

- Examine the reporting process of the Worker's Compensation system to determine if changes can be made to better assure farmworkers that their job rights will not be adversely affected by their use of this system.

In addition to problems with their use of health care, these farmworkers forcefully expressed concerns with field sanitation, and a strong desire to have access to personal protective equipment for all farm work, not just for pesticide applicators. To address these concerns we recommend the following.

- DOH should explore ways to better assure that farmworkers have access to clean drinking water, adequate water for washing, and sanitary latrines while on the job.
- Employers should be encouraged to provide, at a minimum, clean gloves in good repair for any farmworker wishing to wear them while on the job.

### ***Acknowledgements***

We wish to thank the Yakima Office of the Employment Securities Department, Saint Joseph's Catholic Church and the Migrant Education Program, whose staff worked with us to recruit participants and provided valued insight and assistance.

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